

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PAI</i>	<i>688P</i>	<i>3/10/10</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>3-11-11</i>
FORMALITY REVIEW	<i>SH</i>	<i>62345</i>	<i>4-25-11</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/5
2	✓	✓	2/5
3	✓	✓	2/3
4	✓	✓	2/3
5	✓	✓	2/3
6	✓	✓	2/3
7	✓	✓	2/3
8	✓	✓	2/3
9	✓	✓	2/3
10	✓	✓	2/3
11	✓	✓	2/3
12	✓	✓	2/3
13	✓	✓	2/3
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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